

# Project/ Proposal Form

**Proposal Name:** Creation of the 2004 CMS-416 Report for DHS

**Date Form Initiated:** April 15, 2005

***Date Requester Agreed to Content of Form:***

***Principal Contact/Project Requester***

Copies of report to Nyla J. Christopher, Chief  
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***Analytic Category***

- ☐ Cost Savings
- ☐ Clinical Quality of Care
- ☒ Regulatory
- ☐ Operations / Training
- ☐ Other

**Purpose/ Motivation:**

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The CMS –416 is an annual EPSDT report, which provides basic information on participation in the Medicaid Child Health Program. The information is used by the Centers for Medicare and Medicaid services to assess the effectiveness of the States EPSDT program.

## References

CMS Form 416

CMS Instructions for CMS-416 (<http://www.cms.hhs.gov/medicaid/epsdt/416inst.asp>)

Previous HCFA-416 reports (soft copies sent in e-mail)

## Data Sources Other Than MIS/DSS:

None

## Methodology

- **Study Population:** Unduplicated individuals under the age of 21 eligible for EPSTD services with the categorically and medically needy aid codes as specified in the correspondence provided by Mary Lou. Additional aid codes 1D, 2D, 3D, and 6D will be included with the categorically needy codes.
  - Exclude individuals eligible for Medicaid only under a 1115 waiver as part of an expanded population for which a full complement of EPSDT services is not available.
  - Exclude undocumented aliens who are eligible only for emergency Medicaid services
  - Other groups who are under age 21 and eligible only for limited services as part of their Medicaid eligibility (i.e. pregnancy related services, (FPACT)).
- **Time Frame:** 2004 Fiscal Year
- **Measures:** As defined by the Form 416, lines 1-14

## Time Estimates

*Estimated Consulting Hours* – If you have enough information, indicate the approximate time, i.e. in days, weeks and months, to complete the project. \_\_\_\_\_

**Scheduled delivery date of final report to client:** May 12, 2005

**Actual Date delivery date of final report to client:** \_\_\_\_\_

## Level of Medstat Participation

\_\_\_\_\_ Medstat will be available for consultation

\_\_\_\_\_ Medstat will work in collaboration with the Requester

\_\_\_\_\_ Medstat will do the work independently and deliver the product to the State

## Final Product(s) and Targeted Audience(s)

Completion of the FORM 416 Annual EPSTD Participation Report

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## ***Other Participants***

### ***What improvements, efficiencies or savings are expected from this analysis?***

This is a regulatory obligation. No cost savings or efficiencies are anticipated.

**Will there be additional or follow-up analyses related to this project?**

## **Other Information**

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### ***Post Project Follow Up Information***

This section is to be completed by Medstat after the project is complete.